

Health, Welfare, Public Service
300
0-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
1-0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22784

STATE FILE NUMBER

FILED AUG 6 - 1956

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

243

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u> <u>01050</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>119 N. Greenwood</u>		d. STREET ADDRESS <u>119 N. Greenwood</u> (If outside, give location)	
Length of stay in lb <u>31 Years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HAROLD</u> Middle <u>WESLEY</u> Last <u>BARNES</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 3, 1907</u>	
9. AGE (In years last birthday) <u>49</u>		10. IF UNDER 1 YEAR <u>7 days</u> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner and Manager of Barnes Sundries</u>		11. BIRTHPLACE (City and state or country) <u>Boone County, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John T. Barnes</u>	
14. MOTHER'S MAIDEN NAME <u>Virginia Iona Stone</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Harold W. Barnes, Columbia, Mo.</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal obstruction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Carcinoma of stomach</u> DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>151X</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>8:15 A.</u> Month <u>Oct</u> Day <u>52</u> Year <u>56</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
20e. CITY, TOWN, OR LOCATION <u>Columbia</u>		20f. COUNTY <u>Missouri</u>	
21. I attended the deceased from <u>1 Oct 52</u> to <u>31 Jul 56</u> and last saw him alive on <u>31 Jul 56</u> Death occurred at <u>8:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Elmer P. Rodgers, M. D.</u>		22b. ADDRESS <u>101 W. Broadway</u>	
22c. DATE SIGNED <u>2 Aug 56</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Aug. 2, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Columbia, Missouri.</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 2 1956</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		27. DATE SIGNED <u>Aug 2 1956</u>	

(Licensed Embalmer's Statement on Reverse Side)

1961 E 1178

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 489

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.